

CANDIDATE'S REPORT
OF RECEIPTS AND DISBURSEMENTS
2009 MUNICIPAL ELECTION

Candidate's Name JACK GORDON
Full Address P.O. Box 377
Telephone 602-447-3117 (Fax) 601-359-5957
Municipality Okolona E-mail _____
Office Sought Senator Political Party Dem

DATESTAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ April 28, 2009 Pre-Election Report (January 1, 2009, through April 25, 2009) All Primary Candidates
☐ May 12, 2009 Pre-Runoff Report (April 26, 2009, through May 9, 2009) Runoff Candidates Only
☐ May 26, 2009 Pre-General Report (May 10, 2009, through May 23, 2009) All General Candidates
☐ June 09, 2009 Pre-Runoff Report (May 24, 2009, through June 6, 2009) Runoff Candidates Only
☐ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009) All Candidates and Political Committees
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	<u>2600</u>	\$ <u>2600</u>	\$ <u>2600</u>
Total amount of disbursements	<u>0</u>	\$	\$
Total amount of cash on hand	<u>2600</u>	\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 8-15-97.

SEND TO: Candidates associated with municipal elections should return the completed form to the Municipal Clerk.

RECEIVED
FEB 03 2009
Secretary of State
Capitol Office

SOS 01-05

Name of Candidate or Committee

Jack GordonReporting period 1-01-08through 12-31-08

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jack Gordon</u>	___/___/___	\$
Mailing Address	___/___/___	\$
<u>Box 377</u>	___/___/___	\$
City, State, Zip Code	___/___/___	\$
<u>Oklahoma 73155-3821</u>	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
<u>None</u>	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Jack Gordon
 Reporting period 12-01-08 through 2-01-09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AAA Tupelo Inc DBA Globe Distrib.</u>		<u>12/11/08</u>	\$ <u>1000</u> ^{CD}
Mailing Address <u>120 East Franklin</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo, Min 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Mr. R. Burke</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Sales - Dist.</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Weyerhaeuser</u>		<u>2/18/08</u>	\$ <u>200</u> ^{CD}
Mailing Address <u>P.O. Box 9769</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Federal Way, WA 98063-9769</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>mgr. wood products</u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>CD</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Phoenicia Group, Inc</u>		<u>2/8/08</u>	\$ <u>1000</u> ^{CD}
Mailing Address <u>One Park Place, Suite 700</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Boca Raton, Fla. 33433</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>John Duff</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Mgr. Consulting</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATOT</u>		<u>10/04/08</u>	\$ <u>400</u> ^{CD}
Mailing Address <u>337 N Broadway 101-A</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo Ms. 38801</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>David Gomp - Randy Russell</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Mgr - Sales</u>		Aggregate year-to-date	\$